**WILLIAM CASSIDI CE PRIMARY SCHOOL**

**NURSERY APPLICATION FORM**

Head Teacher: Mrs J. Campbell

Foundation Stage Leader: Mrs K. Howell

Nursery Teacher: Miss S. Connor

Nursery Nurse: Mrs R. Walker

Lunchtime Care: Miss J. Foster

Contact Numbers: Nursery Direct Line: 01740 630960

School Direct: 01740 630270

**Application Form for a place in Nursery**

From the age of 3, all children in England are entitled to 15 hours of free childcare provision a week, funded by the state. At William Cassidi Primary School we offer flexible Nursery provision which means you can choose how you would like to claim your free hours. If you require further provision you can pay to stay at Nursery for the additional time. The cost of our provision is outlined below.

The cost of Nursery provision:

**Half Day: £13.00**

**Full Day: £28.00**

**Lunch: £2.00**

Working parents can apply for an extra 15 hrs funded by completing an online application at [www.stockton.gov.uk/30hours](http://www.stockton.gov.uk/30hours) or call the Families Information Service on Tel: 01642 527225.

Please complete the form on the reverse of this page stating which sessions you would like to attend. Once we have received your form you will be sent an acknowledgement letter. The term before your child turns three you will be sent a letter giving you a visit date and a start date.

Please note that returning your application form does not guarantee a place at our nursery. School can only meet request for provision when numbers and staffing allow. During busy times, you may have to wait for some time after your child turns three before your visit and start date.

If you have any questions about applying for a Nursery place please contact me on the Nursery number above.

Miss S. Connor

Nursery Teachers

**WILLIAM CASSIDI CE PRIMARY SCHOOL**

**NURSERY APPLICATION FORM**

**Child’s Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Christian Name** | **Surname** | | **Child’s Date of Birth** | | |
|  |  | |  |  |  |
| Names and ages of other children in the family:  Name: Age: | | Does your child have any needs (medical / physical / behavioural) that we need to be aware of? | | | |

**Parent/ Guardian Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Parent/Guardian 1 | | | | | | | | | | | | | | | | | | | Parent Guardian 2 | | | | | | | | | | | | | | | | | | |
| Christian Name: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Surname: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Date of Birth\*** |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | |
| **National Insurance Number\*** |  | |  | |  | |  | |  | | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | |  | |  | |  | |
| **National Asylum Support Service (NASS) Number\*** |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |  |  | | **/** | |  | |  | | **/** |  | |  | |  | |  | |  |
| Tel: No.: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Mobil Number |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address:  Postcode: |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |

**Complete as appropriate\***

**The cost of Nursery provision**

**Half Day: £13.00**

**Full Day: £28.00**

**Lunch: £2.00**

**Please indicate the Nursery session you are requesting.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Morning Sessions  8:45 – 11:45am | Lunch  11:45 – 12:15pm | Afternoon Session  12:15 – 3:15pm |
| **Monday** |  |  |  |
| **Tuesday** |  |  |  |
| **Wednesday** |  |  |  |
| **Thursday** |  |  |  |
| **Friday** |  |  |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**